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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/565,936	06/16/2006	Pascal LeFrancois	34930160PUS1	8111
	7590 04/09/200 ART KOLASCH & BI		EXAMINER	
PO BOX 747 FALLS CHURCH, VA 22040-0747			YU, GINA C	
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			1617	
			NOTIFICATION DATE	DELIVERY MODE
			04/09/2008	ELECTRONIC

Please find below and/or attached an Office communication concerning this application or proceeding.

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Interview Summary	10/565,936	LEFRANCOIS ET AL.				
interview Summary	Examiner	Art Unit				
	GINA C. YU	1617				
All participants (applicant, applicant's representative, PTO	personnel):					
(1) <u>GINA C. YU</u> .	(3)					
(2) <u>ANDREW MEIKLE</u> .	(4)					
Date of Interview: <u>01 April 2008</u> .						
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	²)∏ applicant's representative	·]				
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) No.					
Claim(s) discussed:						
Identification of prior art discussed:						
Agreement with respect to the claims f)☐ was reached. g)∏ was not reached. h)∏ N	I/A.				
Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: Examiner confirmed with the above-named attorney's staff that the case has been abandoned.						
(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)						
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW DATE, OR THE SUBSTANCE OF THE INTERVIEW OF T	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM, V	been filed, APP ' DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO			
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	red				

Application No.

Applicant(s)